

MULTIPLE DEPT. CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
APPLICANT(S)

FILING DATE

CLAIMS

1	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		1	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		1
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
2							51							
3							52							
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48							97							
49							98							
50							99							
TOTAL IND.	3		3				100							
TOTAL DEP.	150		150											
TOTAL CLAIMS	3		3											

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS